



Office of Workers' Compensation Programs

Federal Employee Program Interagency Meeting April 28, 2021





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Director,
Office of Workers' Compensation
Programs



Administration Priorities

- COVID-19—ARPA
- Ending the Opioid Crisis
- Digital Strategy



The Biden Build Back Better Plan was to:

Ensure federal workers are able to access workers' compensation and encourage states to do the same. Because it will be difficult for workers to prove that they were exposed to COVID-19 while on the job, the Biden Plan will ensure the Federal Employees' Compensation Act program presumes they were exposed while on the job if their job put them in direct contact with infected individuals. And, he will encourage states to do the same.

American Rescue Plan Act Signed March 11, 2021

Ensured coverage for any Federal Employee diagnosed with COVID with covered exposure in the workplace.





Ending the Opioid Crisis

- •Make effective prevention, treatment, and recovery services available to all, including through a \$125 billion federal investment.
- •Stop overprescribing while improving access to effective and needed pain management.
 - •Provide training to medical personnel in pain management and substance use disorder treatment.
 - •Expand the effectiveness of monitoring programs designed to prevent inappropriate overprescribing of opioids (Prescription Drug Monitoring Programs).
 - •Ensure regular updating of the Centers for Disease the Control and Prevention (CDC) prescriber guideline based on the best available evidence.



Digital Strategy

"Digital communities and online spaces have taken on even more importance in the wake of the pandemic. We're building a team to speak to the lived experiences of all Americans. With much of our lives online, it is critical for this administration's digital efforts to be inclusive and extensive," Vice President Kamala Harris.



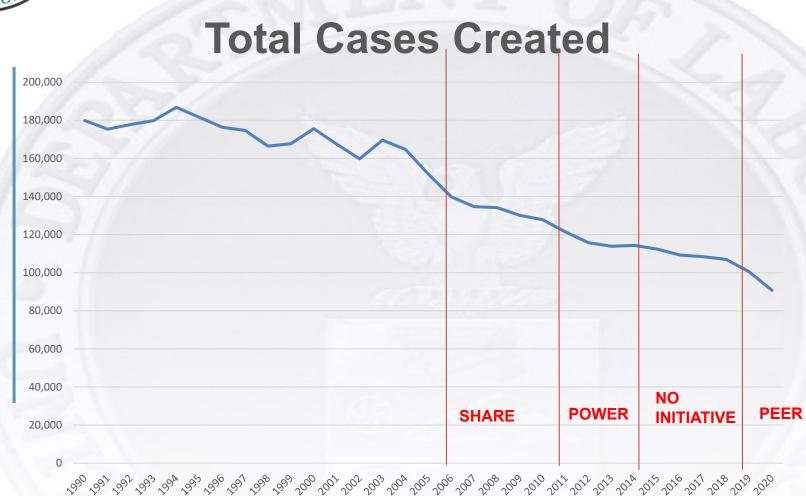




Antonio A. Rios

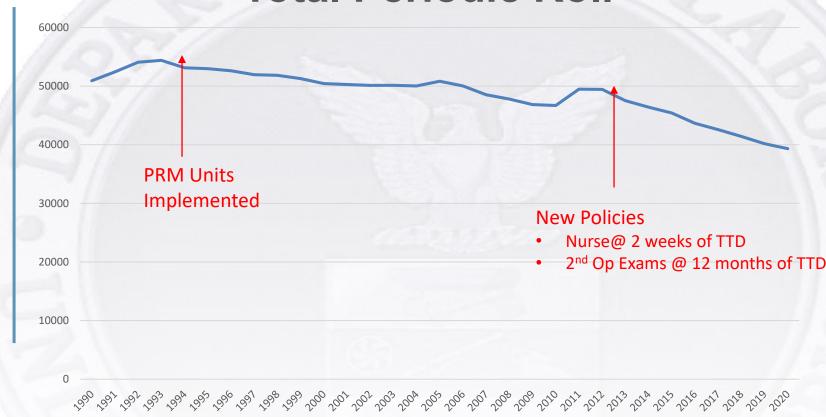
Director,
Division of Federal Employees',
Longshore and Harbor Workers'
Compensation





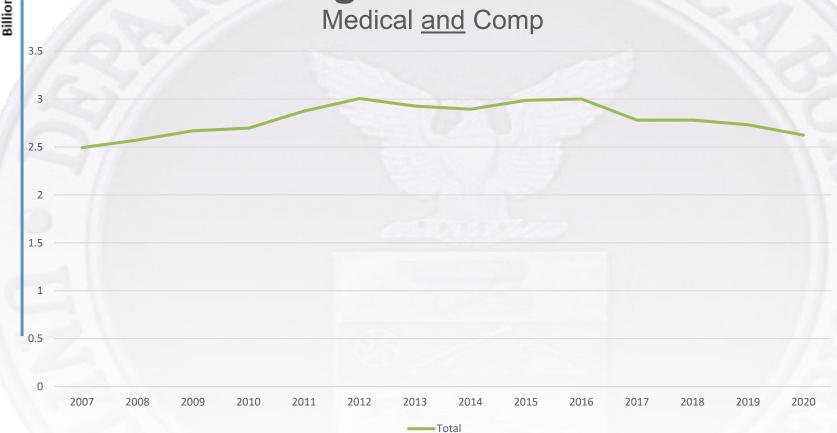


Total Periodic Roll



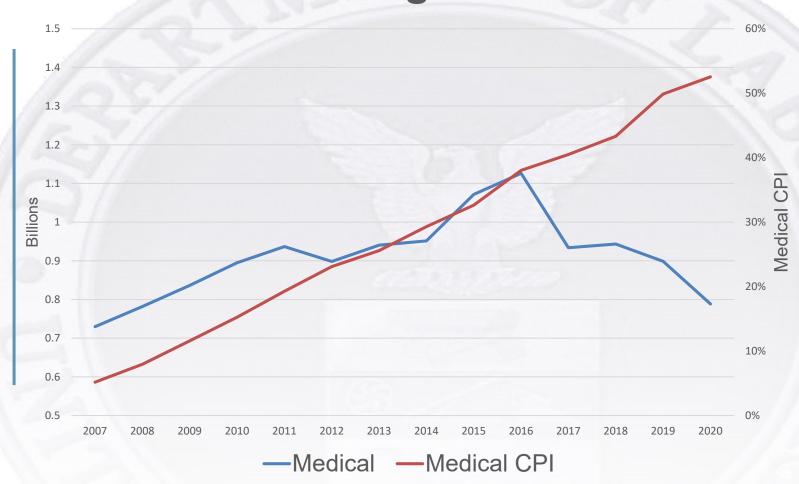


Chargeback Trends



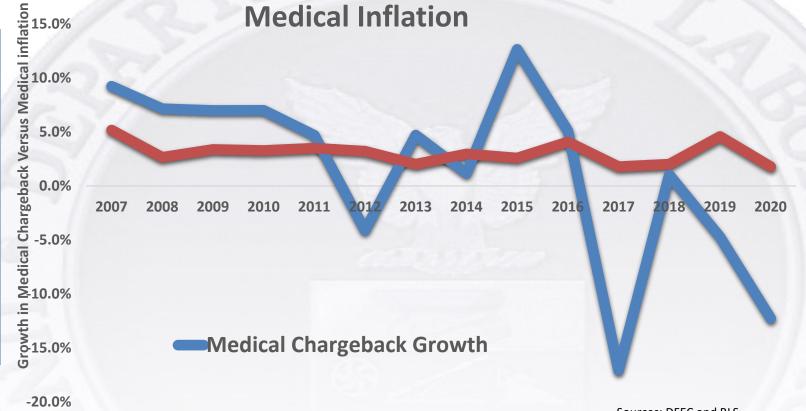


Medical Chargeback Trend





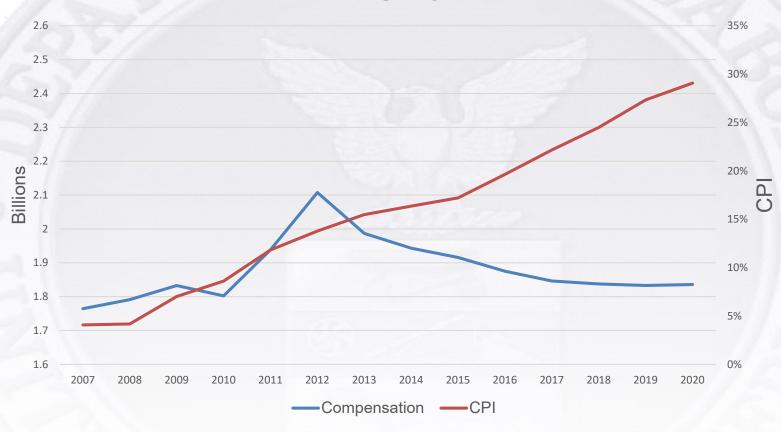




Sources: DFEC and BLS

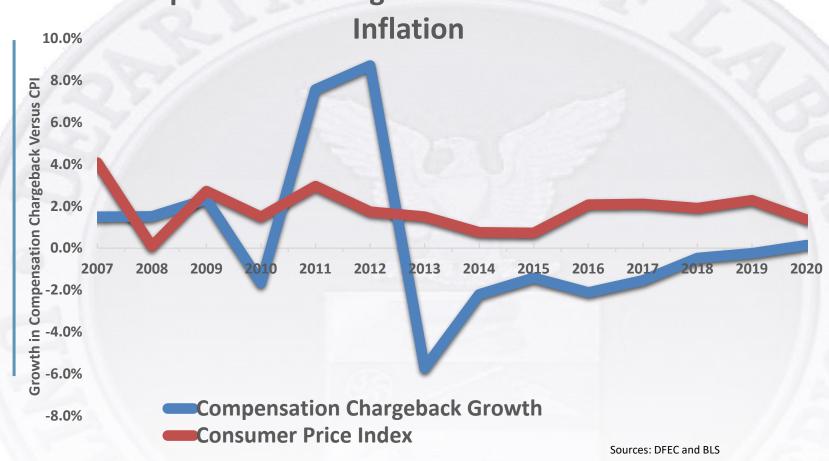


Compensation Chargeback Trend





Compensation Chargeback Grew Slower than





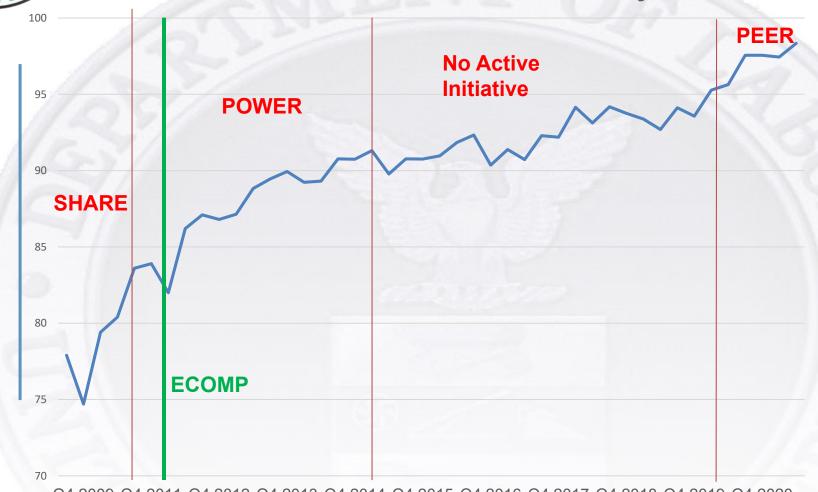
% CA-1s and CA-2s filed in under 10 days



Q4 2009 Q4 2010 Q4 2011 Q4 2012 Q4 2013 Q4 2014 Q4 2015 Q4 2016 Q4 2017 Q4 2018 Q4 2019 Q4 2020



% of forms CA-7 filed in under 5 days



Q4 2009 Q4 2011 Q4 2012 Q4 2013 Q4 2014 Q4 2015 Q4 2016 Q4 2017 Q4 2018 Q4 2019 Q4 2020





Protecting Employees, Ensuring Reemployment (PEER)

How are we Doing?



All Government

U.S. Department of Labor Office of Workers' Compensation Programs Division of Federal Employees', Longshore and Harbor Workers' Compensation

98%

Target	Result
1.48	1.78
1.00	1.28
98%	99%
98%	98%
68%	66%
92%	89%
3270	0370
ECOMP Filter 0	/ FV24 O4/VTF
	1.48 1.00 98% 98% 68%



PEER

Goal 5
Return to Work
During COP





March 15, 2021:Memorandum issued by then-Acting Secretary Stewart setting a goal of increasing the rate of return-to-work outcomes during the initial 45-day post-injury period by 1% per year above FY2020 performance.



For cases to be counted, OWCP is notified via:

- FECA Form CA-1;
- OWCP assigned nurse; or
- Agency electronic submission of Form CA-3.



Return to Work during Continuation of Pay (COP) success is defined as a case in which the injured employee both stopped working and returned to work within 45 days from the date of injury. Cases that meet this criteria are scored as successes for the agency.

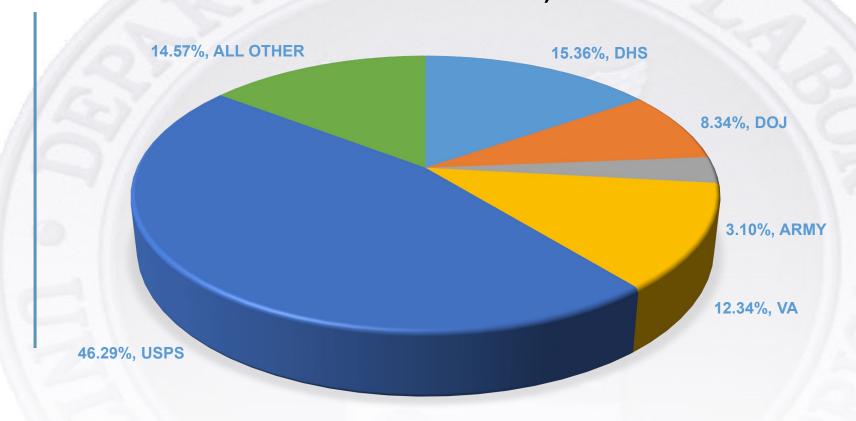
If an employee stops working within 45 days of the date of injury, but does not return to work within 45 days of the date of injury, these are scored, but not as successes. Cases completely excluded from scoring are cases where the employee stopped working greater than 45 days from the date of injury, denied cases, and non-traumatic injury cases because they are not allowed COP.



Cases Included	Cases Excluded			
Traumatic injury (TI) cases in which OWCP has been notified that the injured worker (IW) stopped work within 45 days of the date of injury.	TI cases where the IW stopped work more than 45 days following the date of injury.			
Cases where the IW returned to work within 45 days of the date of injury count positively; those where the IW did not count negatively.	Denied claims.			
Cases in which 45 or more days have elapsed since the date of injury, and there has been no return to work.	Non-traumatic injury cases.			



PEER GOAL 5 - BY LARGEST AGENCIES (85.43 % OF CLAIMS)

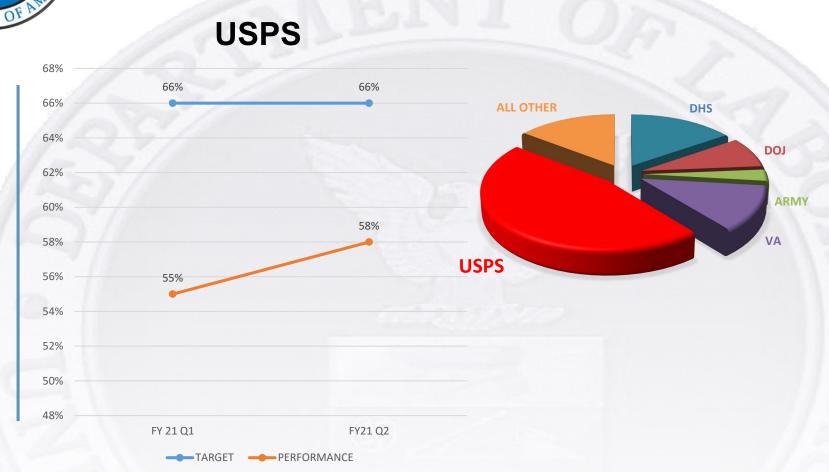




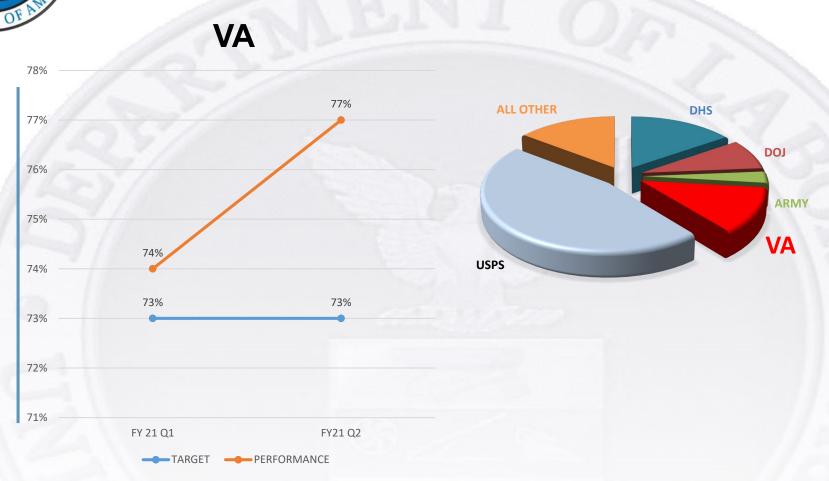
	PEER GOAL 5 PE	ERFORMANCE -	- 5 LARGEST AGEN	CIES (85.43% of claims)
d	Agency	FY 2021	FY 2021, Q1	FY 2021, Q2

Agency	FY 2021 Target	FY 2021, Q1 Result	FY 2021, Q2 Result
U.S. Postal Service	66%	55%	58%
Department of Veterans Affairs	73%	74%	77%
Department of Homeland Security	68%	71%	70%
Department of Justice	65%	63%	71%
Department of the Army	77%	73%	76%

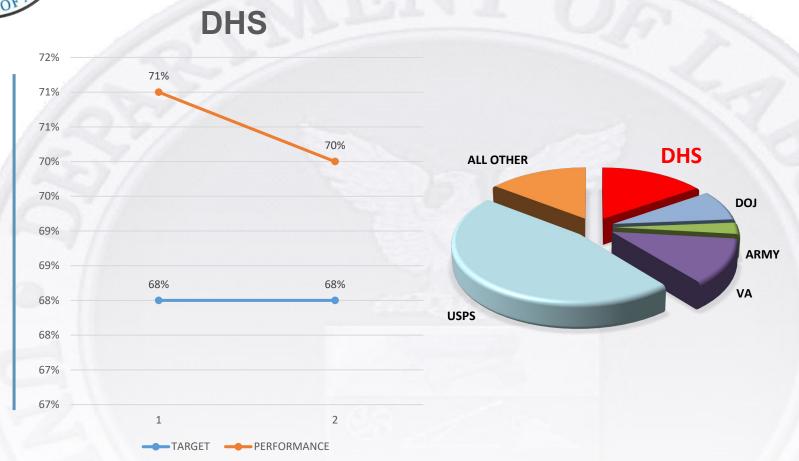




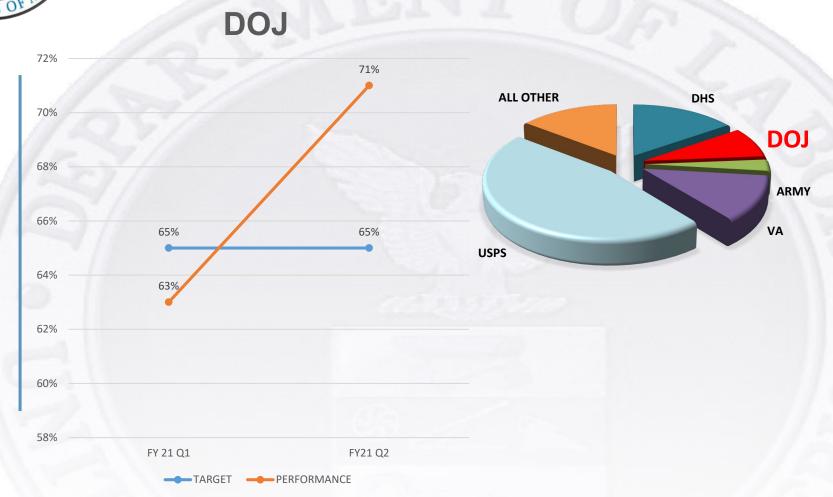






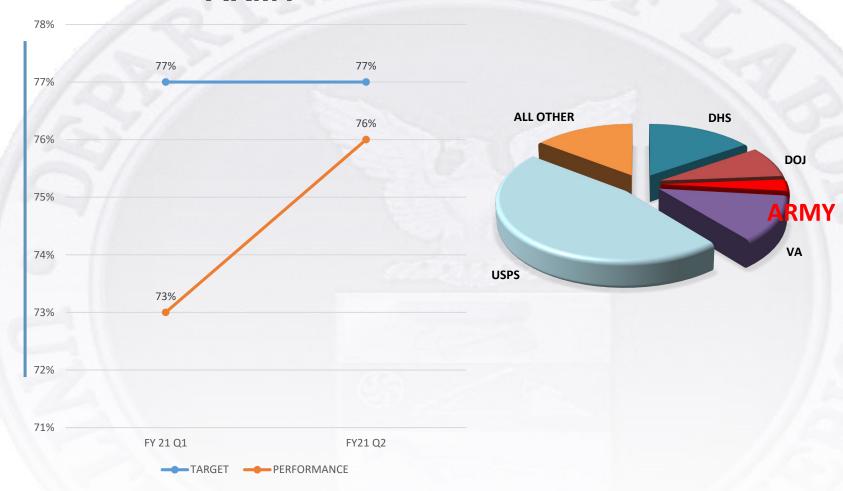














PEER

Goal 6
Return to Work
(two-year period)



Snapshot of PEER Goals for Fiscal Year 2021 YTD (in claim volume order) [Result/Target]

		•				7 - 7 -		
Agency	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7*	
All Government	1.78 / 1.48	1.28 / 1.00	99% / 98%	98% / 98%	66% / 68%	89% / 92%	98% / 100%	
United States Postal Service	N/A	N/A	100% / 98%	99% / 98%	59% / 66%	89% / 92%	98% / 100%	
Department of Veterans Affairs	2.06 / 1.51	1.54 / 1.00	99% / 97%	97% / 98%	76% / 73%	89% / 92%	99% / 100%	
Department of Homeland Security	5.98 / 3.89	4.18 / 1.9	99% / 93%	92% / 90%	71% / 68%	90% / 90%	00% / 100%	
Department of Justice	5.12 / 2.44	4.16 / 1.54	99% / 98%	94% / 96%	70% / 65%	87% / 89%	00% / 100%	
Department of the Army	1.04 / 1.19	0.66 / 1.00	99% / 98%	97% / 90%	78% / 77%	95% / 92%	100% / 100%	
Department of the Navy	0.98 / 1.31	0.66 / 1.00	99% / 99%	98% / 98%	71% / 76%	92% / 94%	100% / 100%	
Department of the Air Force	0.82 / 1.00	0.72 / 1.00	99% / 99%	100% / 98%	89% / 94%	88% / 91%	100% / 100%	
Department of Agriculture	1.96 / 2.92	1.3 / 1.06	100% / 91%	98% / 98%	69% / 64%	89% / 91%	99% / 100%	
Department of the Interior	2.18 / 3.43	0.96 / 1.31	91% / 98%	87% / 90%	67% / 74%	89% / 87%	98% / 100%	
Department of Defense (excluding Air	0.62 / 1.00	0.46 / 1.00	97% / 98%	99% / 95%	80% / 79%	98% / 89%	99% / 100%	
Department of Treasury	0.22 / 1.00	0.16 / 1.00	96% / 98%	69% / 90%	74% / 73%	81% / 90%	68% / 100%	
All Other Agencies	1 / 1.48	0.59 / 1.00	94% / 98%	83% / 98%	73% / 68%	85% / 92%	96% / 100%	

^{*}Goal 7 – File ALL (100%) notices of injury and compensation claims in ECOMP. Goal 7 is updated monthly, whereas Goals 1 - Jare updated quarterly

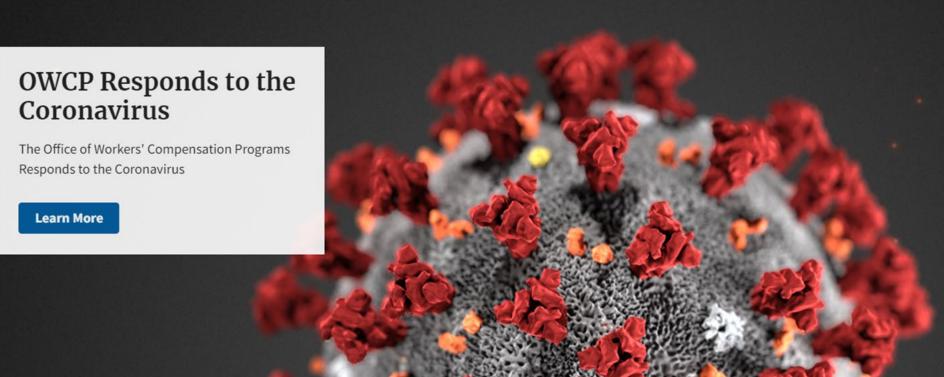




INCREASED OUTREACH

The Branch of Technical Assistance will be increasing outreach to the five largest agencies (USPS, DHS, VA, DOJ, and Army) from quarterly to monthly to assist in meeting PEER Goals 5 and 6.





COVID-19



American Rescue Plan Act of 2021 (ARPA)

Makes it easier for federal workers diagnosed with COVID-19 to establish coverage under the FECA.

Under ARPA, the term "covered employee" means an individual:

- Who is an employee under Section 8101(1) and employed in the Federal service at any time during the period 1/27/20-1/27/23;
- Who is diagnosed with COVID–19 during that period; and
- Who, during a covered exposure period prior to such diagnosis, carries out duties that—
 - require contact with patients, members of the public, or coworkers; or
 - include a risk of exposure to the novel coronavirus.



FECA Bulletin 21-09, issued April 28, 2021 (Processing FECA Claims for COVID-19 under the American Rescue Plan Act of 2021)

Covered Exposure

The employee is deemed to have had exposure if, during the covered exposure period, he or she carries out (1) duties that require a physical interaction with at least one other person (a patient, a member of the public, or a co-worker) in the course of employment duties, or (2) duties that otherwise include a risk of exposure to COVID-19.

The interaction does not have to be direct physical contact.

Nor is there a specified time for such interaction, any duration qualifies. General office contact and interaction is sufficient.

This includes but is not limited to interaction in shared workspaces such as lunchrooms, break areas and common restrooms.

 FECA previously used High-Risk determinations to make adjudication decisions – no longer necessary under ARPA.



FECA Bulletin 21-09

Covered Exposure Period

The evidence should establish manifestation of COVID-19 symptoms (or positive test result) within <u>21</u> days of the covered exposure.

Existing medical literature suggests that the incubation period of COVID-19 is between 2 and 14 days; however, the use of 21 days acknowledges an employee's potential delay in seeking professional medical evaluation and treatment.

Teleworking Employees

An employee that is <u>exclusively teleworking</u> during a covered exposure period is not considered a "covered employee" under the ARPA.

Routine FECA case handling procedures apply.



FECA Bulletin 21-09

Diagnosis of COVID-19 (3 options)

- a. A positive Polymerase Chain Reaction (PCR) COVID-19 test result; or
- b. A positive Antibody or Antigen COVID-19 test result, together with contemporaneous medical evidence that the claimant had documented symptoms of and/or was treated for COVID-19 by a physician (a notice to quarantine is not sufficient if there was no evidence of illness); or
- c. If no positive laboratory test is available, a COVID-19 diagnosis from a physician together with rationalized medical opinion supporting the diagnosis and an explanation as to why a positive test result is not available.



FECA Bulletin 21-09

Duplicate Claims

Generally, a claim for COVID-19 will not be considered a new injury unless the date of injury is more than 1 year from the date of injury of any prior accepted COVID-19 claim for the same employee.

If a new claim is submitted, it will be combined with the prior accepted claim and developed as necessary as a consequential or recurrence claim.



Process Changes- Forms Filing

(Updated 3/26/21)

- New Option for COVID-19 CA-1
- Claimant prompts to collect information needed for ARPA determination Date of Injury, Cause of Injury and Nature of Injury
- Claimant asked to upload a copy of COVID-19 positive test result and documentation of interactions with medical professionals
- Supervisor prompts for Performance of Duty and Challenges
- Supervisor review has auto-fill for Location, Nature and Cause of Injury, as well as Third Party and Special Event Indicator



Process Changes- Case Numbers

(Updated 3/26/21)

Any COVID-19 claim that was <u>accepted</u> for COVID-19 prior to March 12, 2021, is **not** impacted because coverage for benefits had already been extended.

- Case retains existing case number
- Case retains the COR special event indicator
- Case will be included in chargeback



Process Changes- Case Numbers

(Updated 3/26/21)

Any COVID-19 claim **filed on or after March 12, 2021**, will be reviewed solely under the new ARPA eligibility requirements.

- Case will have case number that starts with "19"
- Case will have new C19 special event indicator
- Case will NOT be included in chargeback
- Case will administratively close without formal adjudication by claims staff, if criteria are met
 - Change from pre-ARPA
- Assignment of COP/Triage Nurse will occur using the same criteria as other cases
 - Change from pre-ARPA



Process Changes-Adjudication

(Began on 3/12/2021)

Any COVID-19 claim filed prior to March 12, 2021 that had not been adjudicated is considered an ARPA case.

- Case converted to case number that starts with "19"
- Special event indicator was updated from COR to C19
- Case will NOT be included in chargeback
- Claimant and agency received letter with case number conversion notification
- 1715 cases filed pre-ARPA have now been accepted under ARPA



Process Changes-Adjudication

(Began on 3/12/2021)

FECA proactively reviewed cases that were denied based on a lack of federal exposure or lack of medical evidence establishing causal relationship to work factors under the new ARPA provisions.

- Case converted to case number that starts with "19"
- Special event indicator was updated from COR to C19
- Claimant and agency received letter with case number conversion notification
- If ARPA criteria met, case was reopened under Director's Own Motion and accepted
- 400 previously denied cases have now been accepted



Combatting the Opioid Crisis

- Effective Controls
- Tailored Treatment
- Impactful Communications
- Aggressive Fraud Detection





PROGRESS ON OPIOIDS:

Protecting Federal Injured Workers

52% decline in overall opioid use

61% drop in users with a morphine equivalent dose (MED) of 90 or more

35% decline in new opioid prescriptions

68% decline in new opioid prescriptions that last more than 30 days

84% drop in claimants with a morphine equivalent dose (MED) of 500 or more

ECOMP



Have you been hurt on the job?

If you are a Federal Employee or a Contractor and have sustained a work-related injury or illness, use ECOMP to report the incident to your supervisor.

If you are a Federal Employee you may also file a claim for benefits under the Federal Employees'
Compensation Act (FECA). Depending upon your agency, start by filing OSHA's Form 301, then file a claim
using either form CA-1 (for traumatic injury) or form CA-2 (for occupational disease). After you have
received an official FECA case number, you may also file form CA-7 (Claim for Compensation).

Need to upload a document?

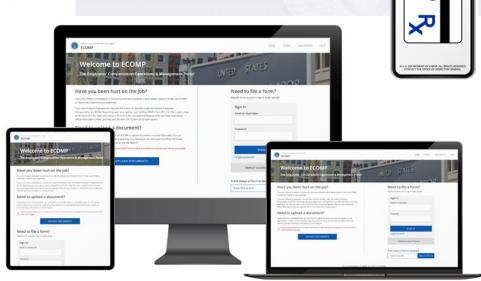
Stakeholders and interested parties can use ECOMP to upload documents to ac upload letters, medical reports and other supporting documentation. You will n Number and other identifying information to use this feature.

UPLOAD DOCUMENTS

Medical Providers:

· Only medical reports can be submitted in ECOMP.

not upload bills in ECOMP as they will not be processed.



Need to file a form?

Register for an account or sign in to get started!

Sign				
Email	r Userna	ame		
Passwo	ord			
		SIGN	IIN	
Forgot p	assword	?		



FY21 ECOMP Enhancements

Features	Release Date
CE-Linq Updates - Separate tab for No Response Required letters	10/15/20
Password Reset Experience Update (via email)	2/5/21
Case Management - Real Time Access to Case Documents	3/4/21
CE-Linq Notifications from Different Email - noreply-celinq@ecomp.dol.gov	3/4/21
COVID-19 Forms Filing Updates	3/26/21
Upload Document Button in Case Imaging - no need to enter 4 pieces of information	4/15/21
CE-Linq Integration in Case View	4/15/21



What's Next?

Features	Planned Release
DMI Option to Request Second Opinion	July 2021
Claimant Imaging	July 2021
Help Site Redesign	July 2021
Entity Access to ECOMP (Attorneys, Unions, Auth Reps)	September 2021
Pharmacy Benefit Manager (PBM) Integration	September 2021
Opt Out of Paper Mail – Use CE Linq Only	September 2021
Real Time Chargeback	October 2021
CA-1032 On-Line Completion	December 2021
Payroll Integration	TBD



Web Chat Now Open For Submission of Questions



DMI Option - Request Second Opinion

REMINDERS		DISABILITY MANAGEMENT ▼ EXPORT QUEUE		
		Report Job Offer Refusal	port Queue Ac	dd all to Export Queu
av	Subject	Request Second Opinion	Authored 🜲	Received 🜲
	All Sanctions	Request Updated Medical Evidence	05/02/2020	05/03/2020
3	2	No Response to Prior DMI Reque	04/22/2020	04/25/2020
2	CA1023	No RTW after 15 day Letter	04/02/2020	04/004/2020
-	CA935	No RTW after Job found Suitable	03/29/2020	03/31/2020



Request Second Opinion

Option will only be available if ALL of the following are met:

- Case file is fully imaged
- Case status is OP, PR, or PN
- There has <u>not</u> been a second opinion report received within the last 6 months
- Case is not currently in active vocational rehabilitation
- No pending termination or reduction decision



Request Second Opinion

REASON FOR SECOP

~	Agency questions if this totally disabled claimant is capable of working
	Agency questions this partially disabled claimant's work capacity
	Agency questions the claimant's capacity for a return to the regular date of injury position.
	There is no medical evidence within 6 months.
~	There is no medical evidence in 12 months or more.
~	Agency questions if ongoing or continued medical treatment for the accepted condition(s) is necessary.
	Agency requests job offer review for physician concurrence (can the claimant perform the offered job).
	Other (Explain)
Please	Explain Other
	ud .



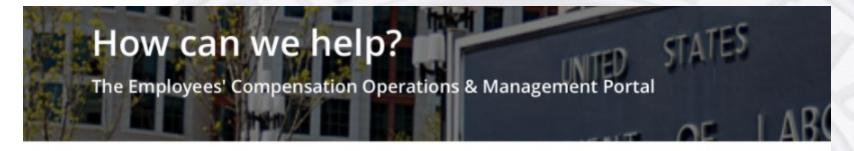
Request Second Opinion

What happens after request is submitted?

- Referral automatically sent through ECOMP to a Field Nurse for a task based assignment to prepare the case for a second opinion.
- 2. Memo is placed into the file for the CE to see when referral to Field Nurse occurs.
 - CE may object but this should be exceedingly rare.
- 3. Field Nurse completes DRAFT SOAF and Questions for CE.
- 4. CE reviews, edits and finalizes both documents as the author, and refers for SECOP scheduling.



Help Site Redesign



In order to provide you with the most relevant help please identify your user role to proceed.





Agency Reviewer



Agency Maintenance User



OSHA Record Keeper



Law Enforcement ARi LEAR

WHAT ARE YOU LOOKING FOR?

Search Term..



FECA CLAIMANT USER GUIDES

More Topics

User guide videos are a series of videos created to chronologically walk the X-user-type through their ECOMP experience. These videos explain usage expectations, suggestions, and regulations. Below are high level topics to click into specific segments of the content, or you may view the full guide by clicking on the button below to Watch Full User Guides.

User Guides include **video and text content** explaining all the major milestones within ECOMP. To view text (or PDF) explinations of a given topic you may navigate through the user guide segments by clicking on a topic below or using the left hand navigation <u>within the user guides</u>.



Introduction to ECOMP



Registration



ID Verification







Password Reset

Form Filing

Request Letters



Help Site Redesign

Introduction

Registration Identiy Verification Unverified Claiman... Verified Claimant E... Account Managem...

New Claim

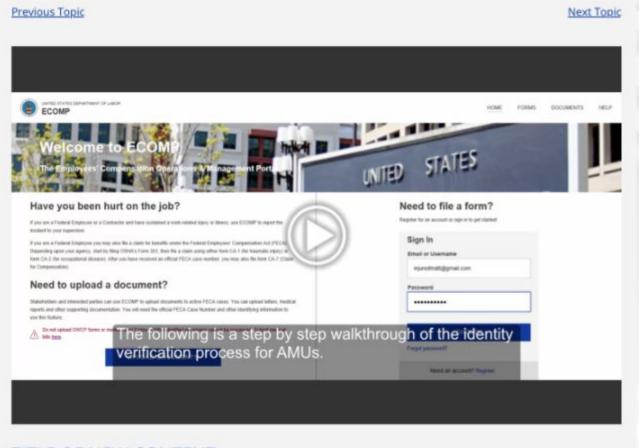
Filing an OSHA 301 Filing Form CA-1 Filing Form CA-2 Filing Form CA-7 Filing Form CA-7a Documents

Case Review

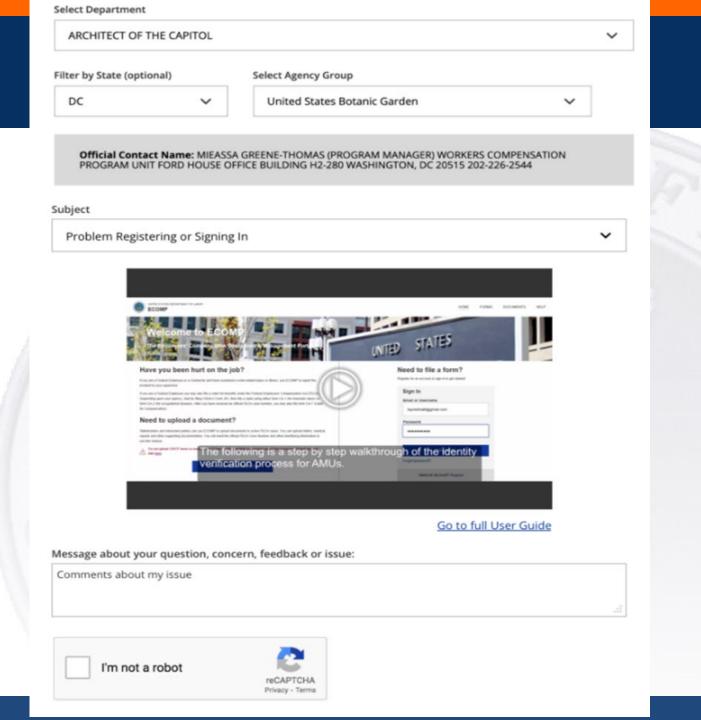
Forms
Case Status
CA-7 Tracking
Compensation Pay...

Letters

Response Request Completed Respon... Informational Lette...



TITLE OF NEW CONTENT





Entity Deployment

Entities & Third Party Groups

Entities are third party individuals or groups who are granted access to case data by claimants. **Entities can be union groups, law firms, attorneys, insurance adjustors, authorized representatives, and more.** Entities have the ability to navigate within OWCP's online ecosystem to access and manage cases.

To register for an account in OWCP, please click "Register" below. If you have an existing account, please click "Sign In" below or navigate to the site heading and click "Entities". All individuals requiring access to claimant case information will need to register and identity verify with OWCP.

REGISTER

SIGN IN



Entity Deployment

SELECT AN ENTITY ASSOCIATION:

You are now registered as a verified individual entity member within the OWCP system. To be available for claimant assignment you must either create or join an entity.

If you belong to an the entity organization which has already been established within the OWCP system, you may click "Request to Join Existing Entity" below.

If your Entity organization (individual or group entities) does not yet exist in the system please click "Request to Create Entity" below. You should request to create an entity if:

- You are an Entity organization with an individual member
- You are a group Entity organization that is new to OWCP

If you are an Employer/Carrier or Third Party Administrator Entity Organization, you will require OWCP approval to join the system.

vou have requested to join or create an entity organization, you may revoke a request prior to approval.

REQUEST TO JOIN EXISTING ENTITY

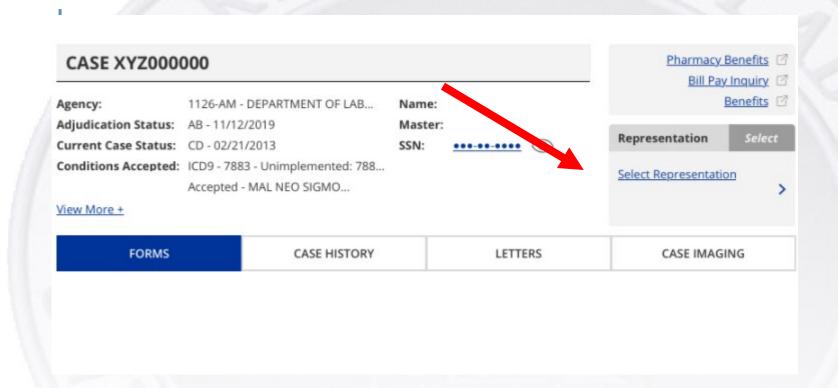
REQUEST TO CREATE ENTITY

Revoke Request to Join Entity

Revoke Request to Create Entity

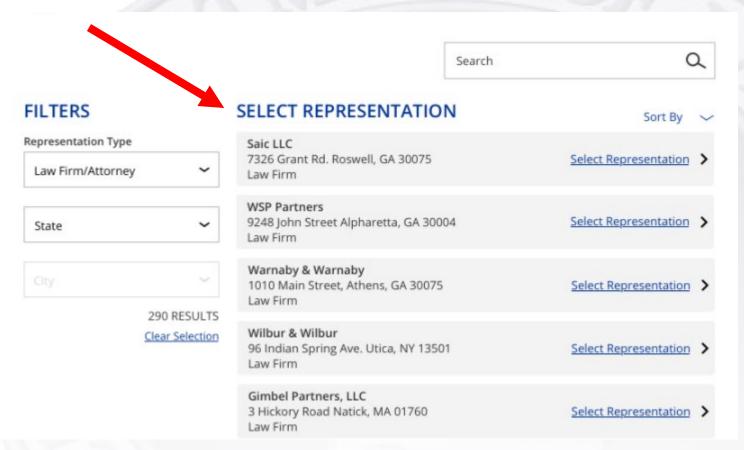


Entity Deployment



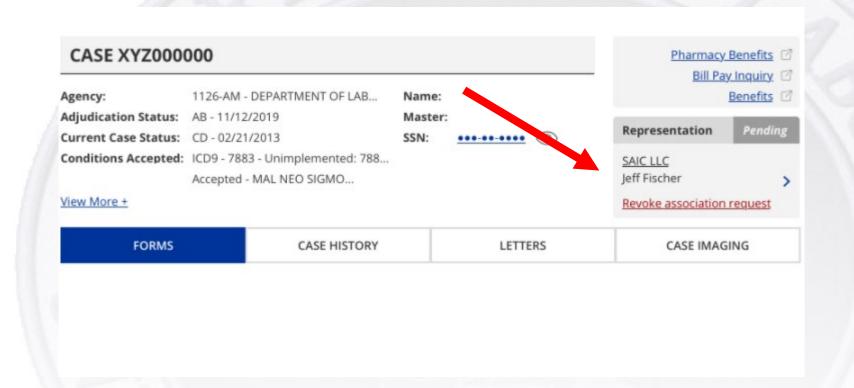


Entity Deployment





Entity Deployment





Pharmacy Benefits Manager - PBM







Expectations

- Improve quality of care provided to injured federal workers through added clinical pharmacy personnel.
- Improve safety controls for pharmaceuticals such as a drug formulary.
- Add more modernized functionality for claimants, prescribers, and government staff.
- Assist agencies in reducing chargeback costs.



Phase One—April 1, 2021

PHASE 1: Welcome packets and new, Optum pharmacy cards were mailed to the 4,200 claimants receiving 90 MED or higher. Those cards became effective on April 1, 2021.





Phase Two—April 30, 2021

PHASE 2: Welcome packets and new, Optum pharmacy cards were mailed to the remaining 200,000 claimants (approximation of numbers). Those PBM cards will become effective on April 30, 2021.





Phase Three—May 1, 2021

PHASE 3: All newly accepted claims and newly filed claims which are administratively closed will receive a new benefits card; the effective date will be the Date of Injury.







ECOMP AND PBM

- Our plan is to leverage ECOMP to:
 - Immediately and electronically distribute pharmacy benefit cards and welcome letters for accepted and short form closure (SFC) cases.
- For SFC cases
 - ECOMP will distribute a PBM card and welcome letter ("Admin Expenses Only") as soon as the SFC is identified by the system; as previously, bills will pay up to the SFC threshold, after which the case will flip and the claimant will be notified.
 - Once, and if, the claim is accepted, another letter/card is distributed via ECOMP for their accepted injury.





PBM PORTALS

- ECOMP.DOL.GOV
 - The Program is currently developing a PBM program landing site with program announcements, a pharmacy locator, and access to various portals.
 - Improvements will be made over time.
 - Currently claimants can access Optum network pharmacies via the ECOMP home page.
- The PBM will be creating portals for:
 - Claims Examiners, Medical Benefit Examiners, Agency Representatives, and other government staff
 - Claimants
 - Providers
- Each portal will be slightly different, but will allow individuals to see case specific prescription activity including prior authorizations or letters of medical necessity.
- Report functionality will also be improved.



Questions?